Loxton District Nursing Home

Performance Report

Drabsch Street   
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**Commission ID:** 6405

**Provider name:** Riverland Mallee Coorong Local Health Network Incorporated

**Assessment Contact - Site date:** 13 October 2020

**Date of Performance Report:** 23 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the Performance Report for the Assessment Contact visit 18 February 2020.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall assessment of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted 18 February 2020.

In response to the Assessment Contact, the Decision Maker found, previously the service did not comply with Expected outcome 2.4 Clinical care of the previous Accreditation Standards following a Site Audit 6 May 2019. At an Assessment Contact on 14 October 2019, four months later there were issues related to management of risks related to clinical care, pain management and palliative care. Following the Assessment Contact 18 February 2020, the Decision Maker found the service still needed time to effectively monitor clinical processes to ensure they were embedded.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended this Requirement as met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Compliant with Requirement (3)(b). I have provided reasons for my decision in the specific Requirement.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended this Requirement as met. The Assessment Team’s reports outlined the following actions and improvements implemented since Site Audit, including:

* Implemented a tool to capture consumers’ end of life requirements. A completed tool was viewed for a consumer who had recently passed away at the service.
* Staff have received training in relation to the tool. Training included recognising and responding to deterioration of a consumer.
* Ongoing focus meetings for staff to remind them of their responsibilities relating to identifying and reporting consumer deterioration. Topics have included accurate reporting of behaviours, reporting consumer changes and falls prevention.
* ISBAR (identity, situation, background, assessment and recommendation) process is being used by staff to communicate consumer deterioration to Medical officers.
* Introduction of a pain management audit for monitoring outcomes of pain management for consumers. An audit viewed by the Assessment Team demonstrated a high level of compliance against the audit criteria.

In relation to Standard 3 Requirement (3)(b), documentation viewed, and information provided to the Assessment Team by consumers and staff through interviews demonstrated:

All consumers and representatives interviewed stated consumers receive good personal and clinical care, staff know what they are doing, take good care of consumers and care provided to consumers is in line with their preferences. One consumer stated said they sometimes experience pain, but staff always respond to their needs and their pain is managed.

Clinical staff described the new end of life pathway and how it was implemented for a consumer who had recently passed. Clinical staff provided examples of pain management strategies for individual consumers in line with documented care plans and described referral processes for consumers who demonstrate signs of deterioration. Additionally, care staff described falls management strategies for individual consumers in line with care plan information and stated they notify clinical staff where they identify consumers who are in pain or have a change in condition.

All consumer files viewed by the Assessment Team confirmed care in relation to management of pain, wounds, behaviour and falls is in line consumers’ assessed needs and the service’s processes.

For the reasons detailed above, I find the approved provider, in relation to Loxton District Nursing Home Compliant with Requirement (3)(b) in Standard 3.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(c) in relation to Standard 7. All other Requirements in this Standard were not assessed and, therefore, an overall assessment of the Standard is not provided.

The Assessment Team found that overall, sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are friendly, polite and respectful.
* staff know what they are doing and look after them well.

The organisation has recruitment, orientation and training processes. Ongoing feedback, performance review processes and training are used by the service to ensure staff remain competent and capable in their roles. Professional registrations and qualifications are monitored for currency. Feedback processes assist the service to monitor competency of staff and consumer/representative surveys include questions relating to staff knowledge and performance.

A training program, including mandatory sessions, is in place. There are monitoring processes to ensure staff complete training within required timeframes with additional training provided as the need is identified.

All staff interviewed said they felt supported and they undertake sufficient training to enable them to undertake their roles with confidence.

For the reasons detailed above, I find the approved provider, in relation to Loxton District Nursing Home Compliant with Requirement (3)(c) in Standard 7.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.